

# **ATTENTION**

## **First Time Filers**

**Partnerships, S corporations or other Flow-Through Entities filing a composite return on behalf of their nonresident partners or shareholders for the first time, **must** file an *Agreement to File Michigan Composite Individual Income Tax Return* (Form 750, formerly C-4303) before filing a *Michigan Composite Individual Income Tax Return* (Form 807, formerly C-4487).**

**If your Flow-Through Entity has not filed an "Agreement," please read the agreement carefully, have a partner or officer sign it and submit two copies to the address on the agreement. If your company has already filed an agreement, there is no need to attach another one to your composite return.**

**MICHIGAN COMPOSITE  
INDIVIDUAL INCOME TAX RETURN**

**1999**

This form is issued under authority of P.A. 281 of 1967, as amended. Filing of this form is mandatory. Failure to file may result in the assessment of penalty and interest and could result in the revocation of filing agreement.

For 1999, Or taxable year beginning \_\_\_\_\_, ending \_\_\_\_\_

|  |                                  |
|--|----------------------------------|
| 1. Name of partnership, S corporation or other flow through entity | 2. Federal employer ID or TR no. |
| 3. Mailing address (Street or Route No.)                           |                                  |
| 4. City, Village or Township, State, ZIP                           |                                  |

**NOTE: Pages 1,2 and 3 of the U.S. 1065 or 1120S, the MI-1040H, a list of participants and a list of non-participants must be attached to this return. See Table 1 in the instructions.**

|  |          |               |
|--|----------|---------------|
| 5. Ordinary income (loss) from line 22 of U.S. 1065 or line 21 of U.S. 1120S .....   | 5. ....  | .00           |
| 6. Additions (from line 34, page 2) .....  | 6. ....  | .00           |
| 7. Subtotal. Add lines 5 and 6 .....   | 7. ....  | .00           |
| 8. Subtractions (from line 37, page 2) .....   | 8. ....  | .00           |
| 9. Total income subject to apportionment. Subtract line 8 from line 7 .....  | 9. ....  | .00           |
| 10. Apportionment percentage from MI-1040H. (Caution! See instructions.) .....   | 10. .... | %             |
| 11. Total Michigan apportioned income. Multiply line 9 by the percentage on line 10 .....                                      | 11. .... | .00           |
| 12. Michigan allocated income or (loss) (from line 42, page 2) .....   | 12. .... | .00           |
| 13. Total Michigan income. Add lines 11 and 12 .....   | 13. .... | .00           |
| 14. Enter Michigan income that is attributable to Michigan residents .....   | 14. .... | .00           |
| 15. Enter Michigan income that is attributable to nonparticipating nonresidents .....  | 15. .... | .00           |
| 16. Enter Michigan income that is attributable to participants .....   | 16. .... | .00           |
| 17. Exemption allowance (from line 48, page 2) .....   | 17. .... | .00           |
| 18. Keogh or HR-10 deductions (from line 51, page 2) .....   | 18. .... | .00           |
| 19. Add lines 17 and 18 .....  | 19. .... | .00           |
| 20. Taxable income. Subtract line 19 from line 16 .....  | 20. .... | .00           |
| 21. Tax due. Multiply line 20 by 4.4% (.044) .....   | 21. .... | .00           |
| 22. Michigan estimated tax, extension payments and credit forward .....  | 22. .... | .00           |
| 23. If line 22 is less than line 21, enter TAX DUE<br>Include interest _____ and penalty _____, if applicable ..... <b>PAY</b> | 23. .... | .00           |
| 24. If line 22 is more than line 21, enter overpayment .....   | 24. .... | .00           |
| 25. Amount of line 24 to be credited to your 2000 estimated tax .....25. ....  | 25. .... | .00           |
| 26. Subtract line 25 from line 24 .....  | 26. .... | .00           |
|  |          | <b>REFUND</b> |

**CERTIFICATION**

This return is due annually on the 15th day of the fourth month after the close of the firm's tax year.

|  |  |  |
|--|--|--|
| <i>I declare, under penalty of perjury, that the information in this return, and attachments is true and complete to the best of my knowledge.</i> |  | <i>I declare, under penalty of perjury, that this return is based on all information of which I have knowledge.</i><br><br>Preparer's Signature, Address, Phone and ID No. |
| <input type="checkbox"/> I authorize Treasury to discuss this claim and attachments with the preparer.   | <input type="checkbox"/> Do not discuss this claim with the preparer |  |
| Signature of Authorized Partner or Corporate Officer   | Date   |  |
| Print or Type Name of Authorized Partner or Corporate Officer  |  |  |

**Mailing:** Make check payable to "State of Michigan". Write the firm's federal employer ID number, "Composite Return" and Tax Year on the check.

Mail return with payment (if applicable) to: Individual Taxes - Technical Section, Michigan Department of Treasury, Lansing, MI 48922.

|      |              |
|------|--------------|
| Name | FE or TR No. |
|------|--------------|

**ADDITIONS (See instructions)**

|  |      |       |     |
|--|------|-------|-----|
| 27. Net income (loss) from rental real estate activities .....               | 27.  | _____ | .00 |
| 28. Net income (loss) from other rental activities .....                     | 28.  | _____ | .00 |
| 29. Portfolio Income (loss) (see instructions):                              |      |       |     |
| a. Interest income .....   | 29a. | _____ | .00 |
| b. Dividend income .....   | 29b. | _____ | .00 |
| c. Royalty income .....  | 29c. | _____ | .00 |
| d. Net short-term capital gain (loss) (from <i>Schedule D</i> ) .....        | 29d. | _____ | .00 |
| e. Net long-term capital gain (loss) (from <i>Schedule D</i> ) .....         | 29e. | _____ | .00 |
| f. Other portfolio income .....  | 29f. | _____ | .00 |
| 30. Net gain (loss) under Section 1231 .....                                 | 30.  | _____ | .00 |
| 31. Other income from U.S. <i>Schedule K</i> .....                           | 31.  | _____ | .00 |
| 32. State or local taxes measured by income .....                            | 32.  | _____ | .00 |
| 33. Other miscellaneous additions (attach schedule) .....                    | 33.  | _____ | .00 |
| 34. Total additions. Add lines 27 through 33. Enter here and on line 6 ..... | 34.  | _____ | .00 |

**SUBTRACTIONS (See instructions)**

|  |     |       |     |
|--|-----|-------|-----|
| 35. Income (loss) from other partnerships, S corp. and fiduciaries included in ordinary income ..... | 35. | _____ | .00 |
| 36. Other miscellaneous subtractions (attach schedule) .....   | 36. | _____ | .00 |
| 37. Total subtractions. Add lines 35 and 36. Enter here and on line 8 .....                          | 37. | _____ | .00 |

**MICHIGAN ALLOCATED INCOME OR (LOSS)**

|   |     |       |     |
|---|-----|-------|-----|
| 38. Guaranteed payments to participants for services performed in Michigan .....            | 38. | _____ | .00 |
| 39. Income attributable to other Michigan partnerships, S corporations or fiduciaries ..... | 39. | _____ | .00 |
| 40. Net Michigan capital gains (losses) (from <i>Schedule D</i> ) .....                     | 40. | _____ | .00 |
| 41. Other Michigan allocated income (see instructions) .....                                | 41. | _____ | .00 |
| 42. Total Michigan allocated income or loss   |     |       |     |
| Add lines 38 through 41. Enter here and on line 12 .....                                    | 42. | _____ | .00 |

**EXEMPTION ALLOWANCE**

|   |     |       |     |
|---|-----|-------|-----|
| 43. Number of participants included in this agreement .....   | 43. | _____ | .00 |
| 44. Line 43 times \$2,800 exemption allowance .....   | 44. | _____ | .00 |
| 45. Total Michigan income from line 13 .....  | 45. | _____ | .00 |
| 46. Total distributive income (line 8 of the worksheet) .....   | 46. | _____ | .00 |
| 47. Percent of income attributable to Michigan. Divide line 45 by line 46<br>(May not exceed 100%.) .....             | 47. | _____ | %   |
| 48. Apportioned exemption allowance. Multiply line 44 by the percentage on line 47<br>Enter here and on line 17 ..... | 48. | _____ | .00 |

**KEOGH OR HR 10 SUBTRACTIONS**

|  |     |       |     |
|--|-----|-------|-----|
| 49. Keogh or HR-10 subtractions for participants (attach schedule) .....   | 49. | _____ | .00 |
| 50. Enter the percent of income attributable to Michigan from line 47 .....  | 50. | _____ | %   |
| 51. Keogh or HR-10 subtractions attributable to Michigan<br>Multiply line 49 by the percentage on line 50. Enter here and on line 18 ..... | 51. | _____ | .00 |